GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:3431
ANSWERED ON:18.12.2015
HIV/AIDS
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the increase or decrease in the number of new cases of HIV/AIDS reported during each of the last three years and the current year, State/UT-wise;

(b) whether the Government has ascertained various factors/reasons for HIV/ AIDS transmission in the country and if so, the details thereof;

(c) whether the Government provides financial assistance to the dependents of the people who die due to HIV/AIDS as a part of general social security network and if so, the details thereof;

(d) the number of beneficiaries granted financial assistance by the Government therefrom indicating the amount of assistance along with the procedure adopted for the purpose during the above period, State/UT-wise; and

(e) the present status of implementation of various programmes to prevent and control HIV/AIDS along with the performance and the steps taken/proposed to be taken by the Government to fine tune the programmes?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI SHRIPAD YESSO NAIK)
(a): Under the National AIDS Control Programme (NACP) a declining trend of new HIV infection has been reported. The State/UT wise number of people detected positive for HIV/AIDS at Integrated Counseling and Testing Center (ICTC) of the last three years and the current year is at Annexure I.

(b): The following major factors/reasons have been identified with respect to HIV/AIDS transmission:
â€¢ Unprotected sexual intercourse including Men who have sex with Men (95%).
â€¢ HIV infected pregnant women to her foetus or infant before, during or after birth (3%).

â€¢ Use of improperly sterilized needles and syringes that have been in contact with infected blood can transmit HIV (0.9%).
â€¢ Transfusion of infected blood, blood products & transplantation of HIV infected organs or tissues (0.1%).
â€¢ Non specified factors (1%).

(c): It may be noted that under NACP only linkages are provided, wherever possible, to the social protection schemes of various Departments in the States. The financial assistance to the dependent of people who died due to HIV/AIDS is provided as Widow Pension in most states. However in the states of Bihar, Andhra Pradesh, Telengana, Kerala, Jharkhand, Tamilnadu, Kerala and Rajasthan widow of PLHIV is given priority.

Apart from this, Jharkhand is providing one time financial assistance to the deceased family.

Delhi is also providing financial assistance to double orphan (whose parents died due to HIV/AIDS) infected & affected with HIV/AIDS.

(d): As of November, 2015, a total number of beneficiaries granted under Widow Pension Scheme for PLHIV is 27,474 .
The State wise details of financial assistance under Widow Pension Scheme is as below;
Sl.No State Financial Assistance (in Rs) per month
1 Andhra Pradesh 1000
2 Bihar 300
3 Jharkhand 600
4 Kerala 1000
5 Rajasthan 500
6 Telangana 1000
7 Tamil Nadu 1000

In Jharkhand, Family benefit (Parivarik Labh) is provided as one time financial benefit of Rs. 10,000 after death of PLHIV. It takes 5 to 6 month to complete the process and direct cash transfer is made to beneficiaries/ family bank account (till date 5 families have received such benefit under Parivarik Labh Scheme in Jharkhand).
In Delhi, as on date total number of beneficiaries granted benefits of financial assistance to double orphan (whose parents died due to HIV/AIDS) infected & affected with HIV/AIDS are 17 HIV infected (Rs.2050/- per month) and 22 HIV affected (Rs.1750/- per month). For this purpose death certificate of both parents and their treatment book is taken as proof.
(e): The present status of implementation of various programmes to prevent and control HIV/AIDS along with the performance is enclosed at Annexure II.
The steps taken to fine tune the Programme performance include regular review meetings, field visits and feedback provided to State AIDS Control Societies etc.
Annexure -I
State/UT wise number of people detected positive for HIV/AIDS at Integrated Counseling and Testing Center (ICTC) of the last three years and the current year

Sl.No.	State/UT	2012-13	2013-14	2014-15	2015-16 (Till Sept.'15)
1	Andaman & Nicobar Islands	29	29	21	11
2	Andhra Pradesh & Telangana	58,686	56,730	47,618	19191
3	Arunachal Pradesh	21	4	28	5
4	Assam	1,280	1,161	1,304	730
5	Bihar	8,323	9,323	11,388	4646
6	Chandigarh	836	813	863	440
7	Chhatisgarh	2,430	3,009	3,047	1341
8	Dadra & Nagar Haveli	91	88	114	52
9	Daman & Diu	67	93	95	23
10	Delhi	7,274	6,855	7,035	2350
11	Goa	515	529	445	151
12	Gujarat	11,746	13,771	11,068	5327
13	Haryana	4,299	4,372	3,359	1067
14	Himachal Pradesh	739	526	575	231
15	Jammu & Kashmir	403	340	311	196
16	Jharkhand	2,228	1,813	2,502	1082
17	Karnataka	35,838	30,906	27,804	7885
18	Kerala (Incl.Lakshadweep)	1,916	1,660	1,717	610
19	Madhya Pradesh	5,072	4,978	5,262	2214
20	Maharashtra	44,389	43,926	39,111	17135
21	Manipur	1,910	1,660	1,518	519
22	Meghalaya	367	459	545	221
23	Mizoram	1,180	1,160	1,269	657
24	Nagaland	1,684	1,672	1,834	906
25	Orissa	3,815	3,467	3,317	1617
26	Pondicherry	699	635	593	296
27	Punjab	4,863	4,537	5,333	2677
28	Rajasthan	6,665	7,871	8,052	3817
29	Sikkim	49	31	34	14
30	Tamil Nadu	16,053	16,653	15,246	7180
31	Tripura	197	225	264	167
32	Uttar Pradesh	13,977	12,954	14,035	7438
33	Uttaranchal	876	786	845	198
34	West Bengal	7,342	7,198	7,171	2942
Total		245,859	240,234	223,723	93,336

Annexure II
Status of Implementation of programme Interventions under National AIDS Control Programme

I. Targeted Intervention: Targeted Intervention programme is one of the important prevention strategies under the National AIDS Control Programme. Targeted Interventions (TIs) comprise preventive interventions working with focused client populations in a defined geographic area where there is a concentration of one or more High Risk Groups (HRGs). 80% of HRGs are expected to be covered via TIs with primary prevention services like treatment for Sexually Transmitted Infection (STI), Condoms, needles/syringes, Opioid Substitution Therapy (OST), Behavioral Change Communication (BCC), enabling environment, with community involvement and linkages with Care and Support services. The key risk groups covered through Targeted Intervention (TI) programme include: Core High Risk Groups (HRGs)-Female Sex Workers (FSW), Men who have Sex with Men (MSM) including Transgenders (TGs), Injecting Drug Users (IDU) and Bridge Populations- Migrants and Truckers. During 2014-15, 66 TIs were established against the annual target of 220 and during 2015-16 (till October 2015), 15 TIs are established against the annual target of 35 taking the cumulative no. of total TI to 1775 TIs that provide HIV prevention services to Female Sex Workers (492 TI), Men who have Sex with Men (149 TI), Injecting Drug Users (266 TI), Transgender (38 TI), Core Composite (Comprises of more than one typology Intervention under one TI) (441 TI) migrants (298 TI) & truckers (91 TI).

II. Link Worker Scheme: This community-based intervention addresses HIV prevention and care needs of the high risk and vulnerable groups in rural areas by providing information on HIV, condom promotion and distribution and referrals to counseling, testing and STI services through Link workers. During 2014-15, in partnership with various development partners, the Link worker scheme was operational in 137 districts covering and during 2015-16, till October 2015, LWS is operational in 130 districts of India.

III. Management of Sexually Transmitted infections (STI)/Reproductive Tract Infection (RTI) prevention and control Programme: The STI/RTI Prevention and Control Programme aims for providing effective control of sexually transmitted infections including Reproductive Tract Infections for General Population through continued support to the designated STI/RTI clinics (Surakasha Clinics) in public sector and for High Risk population through Targeted Interventions (TI) programme. The program also reaches employees of organized sectors under public undertakings (Railways, Employees State Insurance Corporation, Port Trust, Defense and Professional Associations), and Private sector by developing partnerships.
The programme supports about 1,164 Suraksha Clinics located at district hospitals, medical colleges and select sub-district hospitals. The Programme supports training and capacity building of the staff (doctors, staff nurses, laboratory technicians and counselors), provision of a counselors, free colour coded standardized STI/RTI drug kits and by all these aims to standardize STI/RTI treatment to the patients. In coordination with the TI NGOs, STI/RTI treatment, care and prevention services are delivered for high risk groups such as sex workers, Men who have Sex with Men, migrant population such as truckers and People who inject drugs.
During 2014-15, against the physical target of treating 70 lakh episodes of STI/RTI, 75.46 lakh episodes of STI/RTI were treated. The coverage of Sexually Transmitted Infections services has been scaled up through designated STI clinics and 48.81 Lakh STI/RTI patients were treated as per the national protocol against the target of 56 lakh during FY 2015-16 (till October 2015).

IV. Condom Promotion: The National AIDS Control Organisation (NACO) has successfully implemented seven phases of the Condom Social Marketing Programme in 28 States/UTs. During 2014-15, around 60.8 crore pieces of condom have been distributed through social marketing by the NACO contracted social marketing organizations against the target of 44 crore pieces and in 2015-16 (till October 2015), 2.8 crore pieces distributed against the target of 35.2 crore pieces. During 2014-15, against the target of 37 crore, 28.7 crore pieces of condoms were distributed free and during 2015-16 (till October 2015), 8.79 crore pieces were distributed free against the annual target of 29.6 crore pieces.

V. Blood Transfusion Services: Blood is an intrinsic requirement for health care and proper functioning of the health system. The NACO has been primarily responsible for facilitating provision of safe blood for the country. The NACO endeavors to meet the blood needs of the country through voluntary non-remunerated donation through a well-coordinated Blood Banking Programme. NACP continues to implement a scheme for modernization of blood banks by providing need based equipment grant for testing and storage, as well as annual recurrent grant for support of manpower, kits and consumables.
The blood transfusion services supported by the NACO comprise a network of 1,161 blood banks, including 34 Model Blood Banks, 304 Blood Component Separation Units, 210 Major Blood banks and 613 District level Blood Banks were covered under the NACO support.
During 2015-16 (till October 2015) against the target of 48 lakh blood collection at the NACO supported blood bank, 33.53 lakh blood units were collected across the country, 78% of this was through voluntary blood donation. World Blood Donor Day was observed through a National event on 14th June 2015 to felicitate blood donors for their valuable contribution. Mobile blood bank locator app and database of blood banks was launched on the National Health Portal.

VI. Basic Services: The Basic services include free Counseling and Testing for HIV infection. It has three main components viz: (i). Integrated Counseling and Testing Centres (ICTCs), (ii). Prevention of Parent to Child Transmission (PPTCT), and (iii). HIV-TB collaborative activities.
i. Integrated Counseling and Testing Centres: An Integrated Counseling and Testing Centre (ICTC) is a place where free counseling and testing for HIV is offered to a person on his own free will or as advised by a medical provider. The population availing these services is mainly persons engaged in the high risk behavior, STI patients, TB patients and are more prone to acquire the HIV infection. In India, ICTCs are often the first interface of citizens with the entire gamut of preventive, care, support and treatment services provided under the umbrella of the National HIV/AIDS Control Programme. HIV counseling and testing services were started in India in 1997.
With the increase in number of ICTCs, the uptake of clients who are counseled and tested in these centers has seen a commendable scale up in the past seven years with 27 lakh general clients (excluding Pregnant Women) accessing these services in 2007-08 to 150.9 lakhs (increase of about fivefold) clients in 2014-15. The strategy over the past seven years for scaling up of service delivery has been through establishing more and more Facility - Integrated Model ICTCs (through the existing general health system) and Public Private Partnership (PPP) Model ICTCs (through greater involvement of private sector providing health services). Free counseling and testing services are being provided through 5,353 Stand Alone ICTCs, 10,777 Facility− ICTCs and 2,395 PPP − ICTCs. During the FY 2014-15, 150.9 lakh general clients have been provided with free counseling and testing services for HIV and 82.1 lakhs general clients during 2015-16 (till November 2015).
ii. Prevention of Parent to Child Transmission (PPTCT): The prevention of parent to child transmission (PPTCT) of HIV transmission under NACP involves free counseling and testing of pregnant women, detection of HIV positive pregnant women, and the administration of prophylactic ARV drugs to HIV positive pregnant women and their infants to prevent the mother to child transmission of HIV. The NACO has decided to provide ARV drugs to Pregnant Women infected with HIV, irrespective of CD4 count nationwide, w.e.f January, 2014. During 2014-15, 117.6 lakh Pregnant Women have been provided with free counseling and testing for HIV. Also 97% of HIV positive Pregnant Women and their babies received ARV prophylaxis (Option B+) for Prevention of Mother to Child Transmission and during 2015-16 (till October), 64.9 lakh pregnant Women have been provided with free counseling and testing for HIV with 97.2% received HIV positive Pregnant Women and their babies received ARV prophylaxis for Prevention of Mother to Child Transmission of HIV.
iii. HIV-TB collaborative activities: TB disease is the commonest opportunistic infection among HIV-infected individuals. Further it is also known that TB being a major public health problem in India accounts for 20-25% of deaths among PLHIV. It is known that nationally about 5% TB patients registered under the Revised National Tuberculosis Control Programme (RNTCP) also have HIV infection.
Broadly the national HIV/TB response includes Intensified TB case finding at HIV Care Settings, Intensified TB-HIV Package, and

Strategy for TB prevention among PLHIV.
These activities are closely guided through duly constituted National HIV-TB Coordination Committee, Nation Technical Working Group and State and District level Coordination Committees. During 2014-15, 16.83 lakh cross referrals have been made between ICTC & RNTCP and 11.4 lakh cross referrals have been made between ICTC & RNTCP during 2015-16 (till October 2015).
Innovative intensified TB case findings and appropriate treatment (3 I project) at 30 high burden Antiretroviral therapy (ART) centres in 5 States (Andhra Pradesh, Telengana, Maharashtra, Tamil Nadu & Karnataka) in India has been initiated. Daily regimens service for HIV/TB co-infected patients has also been started under the NACO-CTD-WHO 3I project. Fixed Drug Combinations (FDC) with innovative mechanism of giving a missed call to hidden number to monitor the adherence has been initiated in 5 states.
Cartridge Based Nucleic Acid Anticipation Test (CBNAAT) service for early diagnosis of TB is used at 30 high burden ART centers in 5 States. It gives results for diagnosis of TB and Rifampicin resistant TB within 90 minutes which is benefited for making early diagnosis of TB among PLHIVs.

VII. Care, Support & Treatment Programme: The Care, Support and Treatment programme under NACP includes comprehensive management of PLHIV with respect to treatment and prevention of Opportunistic infections, Anti-retroviral therapy (ART), Psycho-Social support, Home Based Care, positive prevention and impact mitigation.
The ART is offered free of cost to all PLHIV who are eligible clinically. Any person who has a confirmed HIV infection is subjected to further evaluation for determining whether he requires ART or not by undergoing CD4 count and other baseline investigations. All those PLHIV eligible as per technical guidelines are initiated on first line ART. This includes all PLHIV with clinical stage III & IV irrespective of CD4 count, clinical stage I & II with CD4 count <350 (Already announced to be increased to 500 cd4 count threshold limit).

ART Centre has been scaled up significantly to 519 ART centres till October 2015. In addition 1094 link ART centres have also been set up to facilitate the delivery of ART nearer to residence of PLHIV. Against the establishment of 55 new ART Centers in 2015-16, 44 new ART centres has been established and 9.07 lakh People living with HIV/AIDS are receiving free ART in government health facilities up to October 2015. In addition to this 350 Care and Support Centres (CSC) are functional to provide a range of psychosocial services to PLHIV.

VIII. Laboratory Services: Under NACP, routine access to quality assured HIV related laboratory services is made universal available. All testing laboratories are assessed for their performance under the External Quality Assurance Scheme (EQAS). 11 National Reference Laboratories and 47 State Reference Laboratories (SRLs) under NACP have been accredited for HIV testing by the National Accreditation Board for Testing and Calibration of Laboratories. 5 SRLs have applied for accreditation. Laboratory services for CD4 Testing, Viral Load (VL) testing, Early Infant Diagnosis (EID) of HIV in infants and children up to 18 months age and confirmatory diagnosis of HIV-2 are provided through under Lab services

IX. Information Education & Communication: The NACO's communication strategy has moved from creating general awareness to Behaviour Change Communication. It aims to motivate behavioural change among most at risk populations, raise awareness and risk perception among general population, particularly youth and women, generate demand for HIV/AIDS related health services like condoms, ICTC/PPTCT facilities; and create an enabling environment that encourages HIV related prevention, care and support activities and to reduce stigma and discrimination at individual, community and institutional levels. The NACO implements integrated and comprehensive campaigns using 360Â° communication approach. Regular campaigns are conducted at national and state level using mass media, mid-media, outdoor, interpersonal communication, and innovative media vehicles like digital cinema, panels in metro trains, digital screens, internet, and mobile phones among others.
During 2014-15, the target of 8 Campaigns released on Mass Media-TV/Radio, 3 have been achieved and against the annual target of 6 media campaigns, 2 have been achieved during 2015-16 (till October 2015). Against the target of 550 new Red Ribbon Clubs (RRC) formed in colleges in during 2014-15, 550 has been achieved and during 2015-16 (till October 2015), against the target of 440, 32 new RRC has been formed. National Toll free AIDS helpline 1097 was launched on World AIDS day, 2014. Till October 2015, more than 6 lakh Calls have been received from different parts of the country.

X. Mainstreaming and Social Protection
The NACO, with an objective to formalize its partnership with the various departments/ ministries, entered into Memoranda of Understanding with the following 14 Departments/Ministries till August 2015, presented in Table 1 below. These partnerships aimed at risk reduction, improved access to service and social protection for PLHIV and High risk Groups.

Table 1: Memorandum of Understanding with Ministries & Departments
S.No Name of Department/ Ministry Date of Signing
(Till October 2015)
1. Department of Rural Development June 10, 2015
2. Department of Commerce June 8, 2015
3. Department of Empowerment of Persons living with Disabilities January 27, 2015
4. Department of Electronics & Information Technology (DIETY) July 23,2014
5. Department of Telecommunications (DOT) July 23,2014
6. Ministry of Road Transport & highways June 09, 2014
7. Ministry of Defense February 18, 2014
8. Ministry of Shipping signed February 14,2013
9. Ministry of Housing & Urban Poverty Alleviation December 11, 2013
10. Ministry of Petroleum & Natural Gas December 5,2013
11. Department of Sports, Ministry of Youth Affairs & Sports November 29,2013
12. Department of Youth Affairs, Ministry of Youth Affairs & Sports November 29,2013
13. Ministry of Coal September 09, 2013
14. Department of Higher Education, Ministry of Human resource development August 6,2013

The NACO recognizes the fact the reduction of vulnerability is a key to the success of its prevention, care, support and treatment programme. Hence, it has placed social protection as one of its core strategies in NACP-IV. NACO works closely with other government departments to identify and advocate for amendment/adaptation of policies and schemes for social protection of marginalized groups. India and its States/Union Territories have taken significant steps taking into consideration the special vulnerabilities faced by people affected by HIV and AIDS. Under mainstreaming training around 80,000 personnel till September 2015 from various departments at State, District level were trained. Apart from this training of the DAPCU led Single Window model for Social Protection of PLHIV, CLHIV and MARPS were organized for the officials of 180 DAPCU.

XI. Procurement: Procurements are done using Pool Fund, Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and Domestic Funds, through the Procurement Agent. All the main items required for the programme, including test kits {HIV (Rapid), HIV (ELISA), HBs Ag (Rapid), HBs Ag (ELISA), HCV (Rapid), HCV (ELISA)} and other items such as ARV Drugs, STI Drug kits, blood bags etc, are centrally procured and supplied to peripheral units and State AIDS Control Societies (SACS). To ensure transparency in the procurement of goods Bid Documents, Minutes of pre-bid meetings and Bid Opening Minutes are uploaded on the websites of Procurement Agent and the NACO (www.naco.gov.in). Efforts made to streamline the Supply Chain Management of various supplies to consuming units include provision of training to the Procurement Officials of SACS. Further a web based online Inventory Management System (IMS) has been developed by the NACO with the support of Clinton Health Access Initiative (CHAI) to strengthen the Supply Chain Management for better tracking, monitoring and controlling of the Inventory. This has been rolled out across India.

XII. Strategic Information Management: The programme generates rich data on service delivery through around 23,000 reporting units across the country. The Strategic Information Management System (SIMS), a web-based system for data management and analysis of all programme data has been rolled out across the country. Programme data is gathered through this online system.

India has a robust system of annual HIV Sentinel Surveillance (HSS) for monitoring the HIV epidemic in the country among general population as well as High Risk Groups. Besides epidemic trend analysis, data from surveillance are also used for strategic planning and prioritization under the programme as well as estimation of adult HIV prevalence, HIV incidence and mortality. Globally accepted models are used to estimate and project the HIV burden in the country. HSS 2014-15 was conducted at 776 Antenatal Clinic (ANC) surveillance Sites, covering 574 districts across 35 States and UTs. NACO is currently implementing National Integrated Biological & Behavioural Surveillance (IBBS) among high risk groups and bridge population. IBBS report has been reviewed by Technical Resource Group.

The National Data Analysis Plan is a first-of-its-kind activity in a public health programme, whereby retrospective data has been systematically analysed with the engagement of analysts and mentors from ICMR institutions, Medical Colleges, development partners, NACO and SACS to address programmatic queries of the National AIDS Control Programme.

In order to address the programme needs with respect to evidence and research and make best use of the available data, a structured research plan has also been developed for identifying research priorities and commissioning research studies. A detailed exercise to assess existing information gaps in the programme has been conducted involving programme managers at NACO, state level and development partners, and research areas prioritised.

A summary of key achievements made under NACP during the last two financial years (2015-16) presented in Table 2 below.

Table 2: National AIDS Control Programme Performance on key indicators

S. No	Indicator	2015-16 Target	Achievement (Till October 2015)
1	New Targeted Interventions established	35	15*
2	STI/RTI patients managed as per national protocol	56 lakh	48.81 lakh
3	Blood collection in NACO supported blood bank	48 lakh	33.53 lakh
4	Proportion of blood units collected by Voluntary blood donation in NACO Supported Blood Banks	75%	78%
5	Districts covered under Link Worker Scheme (Cumulative)	163	130*
6	Clients tested for HIV (General clients)	94 lakh	82.1 lakhs
7	Pregnant Women tested for HIV	94 lakh	64.9 lakhs
8	Proportion of HIV+ pregnant Women and Babies who are initiated on Multidrug Antiretroviral regimen	85%	97.2%#
9	HIV-TB Cross Referrals	10 lakh	11.4 lakh
10	New ART Centers established	55	44
11	PLHIV on ART (Cumulative)	9.41	9.07 lakh
12	Opportunistic Infections treated	3 lakh	2.85 lakh
13	Campaigns released on Mass Media - TV/Radio	6	2
14	New Red Ribbon Clubs formed in Colleges	440	32
15	Persons trained under Mainstreaming training programmes	2.6 lakh	1.07 lakhs
16	Social Marketing of condoms by NACO contracted Social Marketing Organizations	35.2 crore Pieces	2.8 crore Pieces
17	Free Distribution of Condoms	29.6 crore Pieces	8.79 crore Pieces

*till November 2015; #till September 2015